

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021265

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED MAY 21 1962

Primary Registration District No.

590

Registrar's No.

1385

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Valley Park

Length of stay in 1b

1 1/2 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Cedarcroft Nursing H.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY

OR

TOWN Valley Park

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

504 Yarnell Road

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Louis

Middle

A.

Last

Chott

4. DATE

Month

Day

Year

OF  
DEATH

5/6/62

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

1/14/1883

## 9. AGE (last birthday)

79

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR  
Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Meat Cutter

## 10b. KIND OF BUSINESS OR INDUSTRY

Freivogel Grocery

## 11. BIRTHPLACE (City and state or country)

Rock Creek, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Chott

## 13b. MOTHER'S MAIDEN NAME

Mary Flecha

## 14. NAME OF HUSBAND OR WIFE

Ethel Jackson Chott

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Ethel Hirschfield, Glencoe, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the Rectum

INTERVAL BETWEEN  
ONSET AND DEATH

6 mo.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

2-1-60

to 5/6/62

and last saw him alive on 5/4/62

## Death occurred at

230

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Decede or title)

## 22b. ADDRESS

Kirkwood, Mo

## 22c. DATE SIGNED

5/9/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

5/9/62

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cem.

## 23d. LOCATION (City, town, or county)

Lucas &amp; Hunt Road, St. Louis, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Schrader Funeral Home, Ballwin, Mo.

## 25. DATE RECD. BY LOCAL REG.

5-7-62

## 26. REGISTRAR'S SIGNATURE

John C. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard M. Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.